



[DATE_CURRENT]

[NAME_CP]
[ADDRESS_CP]
[ADDRESS_CP]
[CITY_STATE_ZIP CODE]

Dear [NAME_CP]:

The California State Disbursement Unit (SDU) provides a service called the Direct Deposit Program. This program allows you to have your support payments deposited directly into your bank account. This program is confidential, easy, and free.

Once enrolled, your support payments that are sent to the SDU will be credited against your support account(s). The support payment will then be automatically deposited into your bank account. Please note that we cannot provide you the specific dates that your support payments will be deposited in your bank account because the dates that the SDU receives the support payments may vary.

If you would like to sign up for the Direct Deposit Program, please visit the SDU Direct Deposit web site at: www.casdu.com, enroll by telephone at 1-866-325-1010, or complete, sign, and date the second page of this form. Be sure to include the bank routing number and your account number on the form. Please make sure your bank routing number and your account number are correct before submitting the form. The SDU and the State of California, Department of Child Support Services, are not responsible if you provide an incorrect bank routing number and/or account number. For deposits into a checking account, attach a voided check with the form. Mail the form to:

California State Disbursement Unit
P.O. Box 989064
West Sacramento, CA 95798-9064

(See second page of this form for Direct Deposit Authorization form)

INSTRUCTIONS: To have your support payments deposited directly into your bank account, please fill in Sections A, B, and C below. **Include a voided check if you want the deposit to go into your checking account.** To cancel your direct deposits, please fill in Sections A, B and D below or contact the SDU at 1-866-325-1010. Once you have completed this form please mail it to:

California State Disbursement Unit
P.O. Box 989064
West Sacramento, CA 95798-9064

SECTION A: (Please complete) **PLEASE PRINT ALL INFORMATION**

TYPE OF ENROLLMENT ACTION (Please check one) <input type="checkbox"/> NEW <input type="checkbox"/> CANCEL	SOCIAL SECURITY NUMBER* (See privacy statement below.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NAME (FIRST) (MIDDLE) (LAST)																																				
MAILING ADDRESS (Number and Street) (City) (State) (Zip Code)																																					
CHILD SUPPORT PARTICIPANT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			PHONE NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		

SECTION B: (Please complete)

TYPE OF ACCOUNT – MUST BE CHECKED. IF LEFT BLANK, WILL BE PROCESSED AS CHECKING . <input type="checkbox"/> C (Checking) – Attach a voided check <input type="checkbox"/> S (Savings)																			
Note: Please Verify Routing Numbers with Financial Institution.																			
ROUTING NUMBER (The first nine numbers on bottom of check/deposit slip)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Checking/Savings Account Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		

SECTION C: (Please complete if **NEW box in Section A is checked.)**

By signing this form, I understand I am giving the California State Disbursement Unit (SDU) permission to deposit payments directly into the checking or savings account I have listed above. I have verified that the bank routing number and my account number are accurate. I understand that if I have not provided accurate bank routing and account numbers, the SDU and the California Department of Child Support Services are not liable for any mistake resulting from inaccurate account numbers. I assume responsibility to verify deposits to my account on a timely basis and understand that the SDU is not responsible for any bank fees that my financial institution may charge. This authorization is to remain in full force and effect until I cancel it by completing another Direct Deposit Authorization, DCSS 0485, or I contact the State Disbursement Unit at 1-866-325-1010. I understand that the SDU can cancel my participation in the direct deposit program, if necessary, without my written permission.	
SIGNATURE	DATE

SECTION D: (Please complete if **CANCEL box in Section A is checked.)**

I hereby cancel my Direct Deposit authorization.	
SIGNATURE	DATE

Privacy Notice

The Information Practices Act of 1997 (Civil Code §1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code §552a(e)(3), §7 Note) require that this notice be provided when collecting personal information and social security number from individuals. Information requested on this form is used by the Department of Child Support Services and local child support agencies for the purposes of identification and enrollment processing and may be shared with child support agencies and banks providing services to such agencies. Failure to provide the mandatory information may result in the enrollment action not being processed or being processed incorrectly.

The agency official responsible for maintenance of the forms is: Department of Child Support Services Information Security Officer
P.O. Box 419064 Rancho Cordova, CA 95741-9064. Legal references authorizing solicitation and maintenance of this personal information include 42 United States Code §§654b(b) and 666(a)(13), Title 45, Code of Federal Regulations §74.53, and Family Code §17212. Copies of the Direct Deposit Authorization are maintained in confidential files of the Department of Child Support Services or local child support agencies for 4 years and 4 months after the closure of your child support case. Direct Deposit enrollees have the right of access to their Direct Deposit Authorization forms upon request by calling (916) 464-5770.